



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/821,504
		Filing Date	March 28, 2001
		First Named Inventor	Brian N. Sawyer
		Art Unit	2173
		Examiner Name	Raymond J. Bayerl
Total Number of Pages in This Submission	17	Attorney Docket Number	3801P199

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Check in the amount of \$950 Return Receipt Postcard </div>
		Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 28, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Lillian E. Rodriguez		
Signature		Date	April 28, 2004

Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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**FEET
& TRADEMARKS
TRANSMITTAL
for FY 2004**

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

Complete if Known	
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Art Unit	2173
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	
1001	2001	385	Utility filing fee
1002	2002	170	Design filing fee
1003	2003	265	Plant filing fee
1004	2004	385	Reissue filing fee
1005	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)	

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
	17	20** = 0	X 18.00 =	\$0.00
Independent Claims	2	3** = 0	X 86.00 =	\$0.00
Multiple Dependent				

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	
1202	2202	9	Claims in excess of 20
1201	2201	43	Independent claims in excess of 3
1203	2203	145	Multiple Dependent claim, if not paid
1204	2204	43	**Reissue independent claims over original patent
1205	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)	0.00

**or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	
1051	2051	65	Surcharge - late filing fee or oath
1052	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	2053	130	Non-English specification
1812	1812	2,520	For filing a request for ex parte reexamination
1804	1804	920 *	Requesting publication of SIR prior to Examiner action
1805	1805	1,840 *	Requesting publication of SIR after Examiner action
1251	2251	110	Extension for reply within first month
1252	2252	420	Extension for reply within second month
1253	2253	950	Extension for reply within third month
1254	2254	1,480	Extension for reply within fourth month
1255	2255	1,210	Extension for reply within fifth month
1404	2401	330	Notice of Appeal
1402	2402	330	Filing a brief in support of an appeal
1403	2403	290	Request for oral hearing
1451	2451	1,510	Petition to institute a public use proceeding
1452	2452	110	Petition to revive - unavoidable
1453	2453	1,330	Petition to revive - unintentional
1501	2501	1,330	Utility issue fee (or reissue)
1502	2502	480	Design issue fee
1503	2503	640	Plant issue fee
1460	2460	130	Petitions to the Commissioner
1807	1807	50	Processing fee under 37 CFR 1.17(q)
1806	1806	180	Submission of Information Disclosure Stmt
8021	8021	40	Recording each patent assignment per property (times number of properties)
1809	1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	770	For each additional invention to be examined (37 CFR § 1.129(b))
1801	2801	770	Request for Continued Examination (RCE)
1802	1802	900	Request for expedited examination of a design application
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 950.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637	Telephone	(310) 207-3800
Signature	Thomas Coester			Date	04/28/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
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